



MONTANA MEDICAID CLAIM JUMPER

Volume XV

The Montana Medicaid Newsletter

Fall 2001

PROVIDER TOPICS FROM TRAINING SESSIONS

We will be running a series of articles based on topics from this fall's Provider Training Sessions. We hope you will find these articles helpful in answering questions.

Verifying Eligibility

Remember, verifying a Medicaid recipient's eligibility for the month services were rendered through one of these methods is your **ONLY** guarantee of patient eligibility. Verification of eligibility will not guarantee payment of your claim. On every visit, ask to see the recipient's Medicaid ID card. If the recipient does not have their card for any of a variety of reasons, then you will need to use another method to verify eligibility.

AVR (Automated Voice Response) [800-714-0060] Call the number and enter your provider number, client identification number, and specific dates of services. You can use this service for up to five clients per phone call. The AVR will search its files and tell you the client's eligibility information, including their eligibility on that date of service, any PASSPORT provider, and the level of coverage. Updated daily.

FAXBACK [800-714-0075] When you call this phone number, you will enter your provider number, the client ID, and specific dates of service. Request the audit number for the transaction, or the transaction will not be completed. You will be FAX'ed back almost immediately. The FAX will be a copy of the recipient's eligibility information for that month, including their PASSPORT provider, level of coverage and eligibility for that date of service. Updated daily.

MEPS (Medicaid Eligibility and Payment System) [<http://vhsp.dphhs.state.mt.us>] An online eligibility information system run by TRW, the Montana Medicaid eligibility broker. This system is not run by ACS. From the Pavilion, click on *Human Services* followed by *Medicaid* to begin using the system. To gain access to MEPS, first complete an Access Request Form on the website for a password. You can search MEPS by recipient ID, and it will bring up a screen of information about that recipient's monthly eligibility, including PASSPORT provider and phone number and eligibility span. MHSP eligibility is not available on MEPS, but the span is given so providers know when the yearly determination must be made.

MHSP Hotline [800-730-3903] This phone number is valid for both clients and providers enrolled in the Mental Health Services Plan only. This hotline is staffed by Provider Relations Specialists, who can answer any questions about eligibility or coverage from either involved party.

If the AVR, FAXBACK or MHSP Hotline systems fail, do not give you complete information, or do not answer your questions, please call the Provider Relations Department at ACS at (800) 624-3958 (in-state) or (406) 442-1837 (Helena area or out-of-state).

Tips for New Users of ACE\$

The following is a list of Frequently Asked Questions about ACE\$, software developed by ACS for use by providers to transmit claims electronically. We hope it will answer some of your questions.

- Leave the “Pay to Provider” field blank.
- Claims can be deleted from ACE\$, but it is recommended that you back-up those claims to a CD or tape drive first. You must retain claims for 6 years and 3 months for Montana Medicaid.
- Do not type over claims already submitted. This will over-write the previously submitted claim and it will not be saved. Use the “Duplicate Claim” feature to change information and submit a new claim.
- You may receive a message that states “Unexpected Response from Host” while you are attempting to transmit claims. It may happen when other providers are submitting claims at the same time, or that your communication settings do not reflect the correct information. Please check the phone number you are dialing and verify your submitter number and password are entered correctly.
- The most recent version of ACE\$ is 1.1. If you are still using version 1.0, and would like to upgrade, please contact ACS Provider Relations [(406) 442-1837 or (800) 624-3958]. Version 1.1 has more user flexibility for designing customized reports.
- To ensure that the information you input is saved, use the **Enter** key and not the **Tab** key. However, after entering the last line in the line item entry field, you must use the **Tab** key to leave the line entry area.
- “Unbilled” claim status is the only status that can be used to enter or edit a claim. ONLY “Unbilled” claims will be transmitted.
- Claims are automatically set to “TransPend” status after a new billing file is created. This status shows that the claim is in the process of being transmitted.
- After the claim file is successfully transmitted, you can change the claim status from “TransPend” to “Billed”. You will need to do this manually.
- After you receive your Remittance Advice, you may change your claim status accordingly to either “Paid” or “Denied”.
- The claim status is changed to “ERROR” if there is a required field missing or there are no detail lines associated with the claim. For an explanation of why the claim status was changed, use the **Inquiry** screen to find the “ERROR” claim, and enter that claim. Click the **Save** button to receive a list of the missing required fields.
- The Update Feature under the Tools menu allows you to change claims that match your selection criteria to “Unbilled” status. Selection criteria may include date billed, provider #, or recipient ID #.
- When you are installing the ACE\$ software, you can click **Ignore** at the Access Violation window.
- You can back up the claim database by going under the File menu on the toolbar. There is an option there to back up your claim database.
- In order to get the date of service to stay in that field, you must use the **Enter** key, not the **Tab** key.
- The modifier field is small, and cannot show capital letters, but will show lower case letters.
- If your modem is not listed in the available modems, you may select the generic option for the speed of your modem.
- To make the display show the entire screen, go to the Start button, then Settings, then Control Panel. At the Control Panel, click on the Display button, go to the Settings tab, and change your desktop area to 800x600 pixels. You can also change your font size to a smaller font, and that will help show more of the screen at one time.
- It is not necessary to run DCOM again if you have Version 1.0 installed, and you are trying to install Version 1.1 of ACE\$ on your computer.
- Each claim entry screen has the Edit menu with the Duplicate Claim option. Click on this menu option to duplicate the claim and view the duplicated claim. Duplicated claims can be easily changed to reflect current claim information and thus eliminates the need for entering a new claim.

For more information on the ACE\$ software, receiving a submitter number, or accessing the system, please call ACS’ EDI coordinator at 1-800-624-3958 (in-state toll-free) or (406) 442-1837 (Helena and out-of state).



IMPORTANT REMINDER: Please notify ACS immediately when you have a change of address, phone number, and especially when you have a change in Tax ID number.

Recently Released Publications

The following is a list of publications sent out since the release of the last *Claim Jumper*. If you would like extra copies of these publications, please contact ACS Provider Relations.

Date	Sent to	Topic
8/27/2001	Pharmacy Providers	Mandatory Generics Update
8/27/2001	Dental Providers	Dental Fee Schedule Correction
9/2001	Hospital Providers	Outpatient Hospital Provider Manual
9/7/2001	Federally Qualified Health Centers & Rural Health Clinics	Prospective Payment System
9/2001	Federally Qualified Health Centers (FQHC)	FQHC Provider Manual
9/2001	Rural Health Clinics (RHC)	RHC Provider Manual
10/17/2001	Dentists, Physicians, Mid-Level Practitioners, Ambulatory Surgical Centers, and Hospitals	Dental Implants Not Covered
10/2001	Pharmacy Providers	Pharmacy Provider Manual Replacement Pages
11/14/01	Dental Providers	Space Maintainers Billing Clarification

HOT TOPICS AT PROVIDER TRAINING

Here are some of the topics everyone was talking about at Provider Training this fall. We will continue to create articles based on some of these topics. Also, if you attended training, keep an eye out for your copy of the questions and answers in the mail soon. If you didn't attend, but would still like a copy, contact Susan Pitard at ACS (406) 449-7693, ext. 226.

- Co-pay – how to collect it, how to make sure you are collecting the accurate amount
- PASSPORT – how to get authorization from providers, how to find out which services need authorization
- Eligibility – how to determine eligibility (see article in this newsletter)
- HIPAA – how will it affect our providers, what sort of changes we will see

This list could go on and on – thank you for your great, thoughtful questions and comments during the training sessions. We had approximately 200 providers attend the training sessions in Glendive, Lewistown and Kalispell. We were glad to meet you!!

There will be training sessions planned for the spring and fall. Keep watching the Claim Jumper for future sessions!

In addition to our Provider Training seminars, personalized training is also available through ACS. Our Provider Relations Field Representative, Susan Pitard, can come to your office. Please call her at (406) 449-7693 ext. 226 to schedule a visit.

INFORMATION TELEPHONE NUMBERS

Provider Relations	1-800-624-3958 (Montana Providers) (406) 442-1837 (Helena and Out-of-State Providers) (406) 442-4402 (FAX)		
FAXBACK	1-800-714-0075	AUTOMATED VOICE RESPONSE	1-800-714-0060
Point-of-Sale Help Desk	1-800-365-4944	PASSPORT	1-800-480-6823
Direct Deposit	(406) 444-5283		

MONTANA MEDICAID

ACS

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REASONS CLAIMS ARE RETURNED TO THE PROVIDER (RTP'ed) From our Mailroom and Exam Entry Department

- ⇒ Missing or Invalid Provider Number
- ⇒ Missing or Invalid Provider Signature
- ⇒ Missing or Invalid Signature Date
- ⇒ Incorrect Form used

All of these are common reasons that claims are returned. Please make sure that your provider number, the date billed, and the provider signature are on the form. Also check to verify that the date and provider number are legible on the form. These simple steps will help keep your claims on the road to clean processing.

Provider Survey Enclosed

Please take a few minutes to complete and mail back to ACS the enclosed "Customer Service Survey."
We value your input and any suggestions you may have to improve our service to you. Thank you!